

| Appendix J

ESD Facilitator and Participant Feedback Evaluation Surveys

- i) ESD Facilitator Feedback Evaluation Survey**
- ii) ESD Participant Feedback Evaluation Survey**

- FACILITATOR SURVEY -

Essential Skills Online: A Consortium Approach | Project # 5332978

Thank you for acting as a facilitator in the ESD Pilot Project. We would appreciate you taking the time to complete this survey.

Bow Valley College, with funding from Human Resources and Skills Development Canada, has developed the Essential Skills Direct (ESD) training materials to help adults improve their Essential Skills, increasing their opportunities for employment. Your feedback on the ESD process and materials is an important part of the development process.

We would like to know how well ESD worked for you and what suggestions you might have for how the project process and materials can be improved in the future. *Your answers are confidential.* Your name will not be used and your responses will only be included in the summary of responses provided by all participants. If you do not want to answer a particular question, go on to the next one.

Your feedback is very important to us and will help to inform changes to the ESD approach. This survey should take about 20 minutes to complete.

Section 1 | About <ESD Learners>

Please describe the learners you worked with in the pilot project.

1. What type of program were your learners enrolled in? *(Please check one)*

- Enrolled in a diploma or certificate program
- Enrolled in academic upgrading
- Enrolled in a workplace transition program
- Participating in workplace training
- Accessing a government funded employment program
- Other *(please specify)* _____

2. Please describe the learning environment in which the learners accessed ESD (Please check one):

- Independent learning style (accessed ESD on their own, or with little mentorship)
- Facilitated learning style (accessed ESD as part of training, or in a formal setting)
- A combination of independent & facilitated learning styles
- Other *(please specify)* _____

3. Please estimate what proportion of all the learners in your program accessed ESD in each of the following locations: *(Please sum to 100%)*

- At a college _____%
- At an employment centre _____%
- At a training centre _____%
- At home _____%
- Other (please specify) _____ %

4. Please describe the types of barriers or special learning needs that your learners encountered prior to entering the program? (e.g., limited computer skills, limited English language skills, out of school for several years)

1. _____
2. _____
3. _____
4. _____
5. _____

5. How were learners recruited for this project at your site? Did you use any screening methods to recruit participants? What challenges did you experience recruiting learners?

6. How did the learners access the Modules?

- Online within ESD
- Offline electronically (e.g., saved to memory stick, on desktop)
- On paper
- A combination of online and offline
- Other (please specify) _____

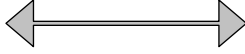
Section 2 | About <Your views on ESD training, support and access>

7. How **satisfied** are you with the training and ongoing support you received to implement ESD? (A five point scale is provided where 1 is **Not at All Satisfied** and 5 is **Very Satisfied**. You can also indicate if you Don't Know or if the question is Not Applicable for you.)

Topic	Satisfaction					Don't know/ Not applicable
						
	Not at all				Very	
	1	2	3	4	5	DK/NA
a) The facilitator's guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) The facilitator training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Mentorship received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Response to identified functionality issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Response to identified access issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) General technical support provided for facilitators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Can you provide any additional comments about facilitator training and ongoing support?


9. How **satisfied** are you with learner access and management in ESD? (A five point scale is provided where 1 is **Not at All Satisfied** and 5 is **Very Satisfied**. You can also indicate if you Don't Know or if the question is Not Applicable for you.)

Topic	Satisfaction					Don't know/ Not applicable
						
	Not at all				Very	
	1	2	3	4	5	DK/NA
a) Logging in as a facilitator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Accessing an ESD account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Using the navigation menu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Using forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Determining what content learners could/could not access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Viewing learner status reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Viewing submitted assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Updating settings for contact information, availability & lab time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Updating and/or adding links & resources to aid learner experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Can you provide any additional comments about learner access and management?

Section 3 | About <Your views on ESD learning materials and the learning experience>

11. How **useful** were the ESD learning materials for participants? (A five point scale is provided where 1 is **Not at All Useful** and 5 is **Very Useful**. You can also indicate if you Don't Know or if the question is Not Applicable for you.)

Topic	Usefulness					Don't know/ Not applicable
						
	Not at all				Very	
	1	2	3	4	5	DK/N A
a) The Learner Guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Sector-Based Modules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) SkillBuilder movies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) ESO SkillBuilders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Practice assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) The TOWES pre-test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) The TOWES post-test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


12. Can you provide any additional comments about the learning materials?

13. Overall, how **satisfied** are you with the overall learner experience in ESD? (A five point scale is provided where 1 is **Not at All Satisfied** and 5 is **Very Satisfied**. You can also indicate if you Don't Know or if the question is Not Applicable for you.)

Topic	Satisfaction					Don't know/ Not applicable
	←————→					
	Not at all				Very	
	1	2	3	4	5	DK/N A
a) Improving existing work-related skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Learning new work-related skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Practicing work-related skills in a chosen occupation area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Increasing skills in the area of Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Increasing skills in the areas of Document Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Increasing skills in the area of Numeracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Improving skills related to safety in the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Improving skills related to productivity in the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Increasing familiarity with Canadian workplace language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Improving knowledge about Canadian workplace documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Improving knowledge about Canadian workplace tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Improving participants' earning potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Can you provide any additional comments about the learner experience?

15. Overall, to what extent do you believe that the participants **improved their skills and knowledge** in the following areas as a result of using the ESD materials? (A five point scale is provided where 1 is **Not At All** and 5 is **A Great Deal**. You can also indicate if you Don't Know or if the question is Not Applicable for you.)

Topic	I Improved my Skills and Knowledge					Don't know/ Not applicable
						
	Not at all				A great deal	
	1	2	3	4	5	DK/N A
a) Preparing for the TOWES test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Feeling confident as an independent learner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Using computer-based learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Understanding about occupational opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Understanding about other learning opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4 | About <Your Comments>

16. What have you gained from participating in the project?

17. What is most valuable about the ESD tool?

18. Please let us know what you would change to make ESD better.

19. To what extent will you incorporate Essential Skills into your curriculum/training programs in the future?
20. To what extent will you incorporate other on-line learning into your curriculum/training programs in the future?
21. Do you have any other comments?

Thank you for your contribution to this evaluation!

Thank you for taking part in the ESD Pilot Project. We would appreciate you taking the time to complete this survey.

Bow Valley College, with funding from Human Resources and Skills Development Canada, has developed the Essential Skills Direct (ESD) training materials to help adults improve their Essential Skills, increasing their opportunities for employment. Your feedback on the ESD materials is an important part of the development process.

We would like to know how well ESD worked for you and what suggestions you might have for how the materials can be improved. *Your answers are confidential.* Your name will not be used and your responses will only be included in the summary of responses provided by all participants. If you do not want to answer a particular question, go on to the next one.

Your feedback is important to us and will help to inform changes to the ESD materials. This survey should take about 15 minutes.

ESD User ID:

Section 1 | About <You, the learner>

1. Have you participated in online learning before?

- Yes, I have
 No, I haven't

2. Please tell us about how you participated in this program:

- I worked independently on ESD.
 I worked independently on ESD with the direction of a facilitator/instructor.
 An instructor assigned the work to me and monitored and reviewed it.

3. How did you complete the Modules?

- Online—within ESD
 Offline—on my computer
 Offline—on paper
 A combination of online and offline

4. The ESD Modules I used were related to the following sector (check one):

- Health Care
 Automotives
 Oil & Gas
 Trades

5. What percentage of the Modules did you complete:

- 100%
 About 75%
 About 50%
 About 25%
 Less than 25%

6. Are you comfortable working in an online environment?

- Yes, I am comfortable
 No, I am not comfortable. I experienced some difficulties. (Please specify)
-

7. Was your computer system able to handle the online program well?


- Yes, my computer system was able to handle the program well.
 No, my computer system caused some difficulties for me. (Please specify)
-

8. Please estimate how many hours you spent in total working on ESD:


- 1-5 hours
 6-10 hours
 11-15 hours
 16-20 hours
 More than 20 hours

Section 2 | About <Your views on ESD>


9. How **satisfied** are you with accessing and using the ESD materials? (A five point scale is provided where 1 is **Not at All Satisfied** and 5 is **Very Satisfied**. You can also indicate if you Don't Know or if the question is Not Applicable for you.)

Topic	Satisfaction					Don't know/ Not applicable
						
	Not at all				Very	DK/NA
	1	2	3	4	5	
a) Logging in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) User name & password	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Using the navigation menu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Using the modules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Maximizing the curriculum on screen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Using PDF documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Using PDF forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Using headphones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Working at my own pace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Working with a facilitator or instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Being able to contact TOWES for information or help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


10. How **useful** were the ESD materials for your learning? (A five point scale is provided where 1 is **Not at All Useful** and 5 is **Very Useful**. You can also indicate if you Don't Know or if the question is Not Applicable for you.)

Topic	Usefulness					Don't know/ Not applicable
	1	2	3	4	5	
						
	Not at all				Very	
	1	2	3	4	5	DK/N A
a) The Learner Guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Sector-Based Modules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) SkillBuilder movies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) ESO SkillBuilders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Practice assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) The TOWES pre-test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) The TOWES post-test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Overall, how **satisfied** are you with the ESD materials? (A five point scale is provided where 1 is **Not at All Satisfied** and 5 is **Very Satisfied**. You can also indicate if you Don't Know or if the question is Not Applicable for you.)

Topic	Satisfaction					Don't know/ Not applicable
						
	Not at all				Very	
	1	2	3	4	5	DK/N A
a) Improving the work skills I already have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Learning new work skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Practicing work skills in my chosen occupation area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Increasing my skills in the areas of Reading, Document Use & Numeracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Improving my skills related to safety and productivity in the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Becoming familiar with workplace documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Learning about workplace language & tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Improving my earning potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Overall, to what extent do you believe that you **improved your skills and knowledge** in the following areas as a result of using the ESD materials? (A five point scale is provided where 1 is **Not At All** and 5 is **A Great Deal**. You can also indicate if you Don't Know or if the question is Not Applicable for you.)

Topic	I Improved my Skills and Knowledge					Don't know/ Not applicable
						
	Not at all				A great deal	
	1	2	3	4	5	DK/N A
a) Preparing for the TOWES test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Feeling confident as an independent learner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Using computer-based learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Understanding about occupational opportunities for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Understanding about other learning opportunities for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3 | About <Your Comments>

13. Please let us know two things you liked about ESD:

14. Please let us know of two things you would change to make ESD better.

15. Do you have any other comments?

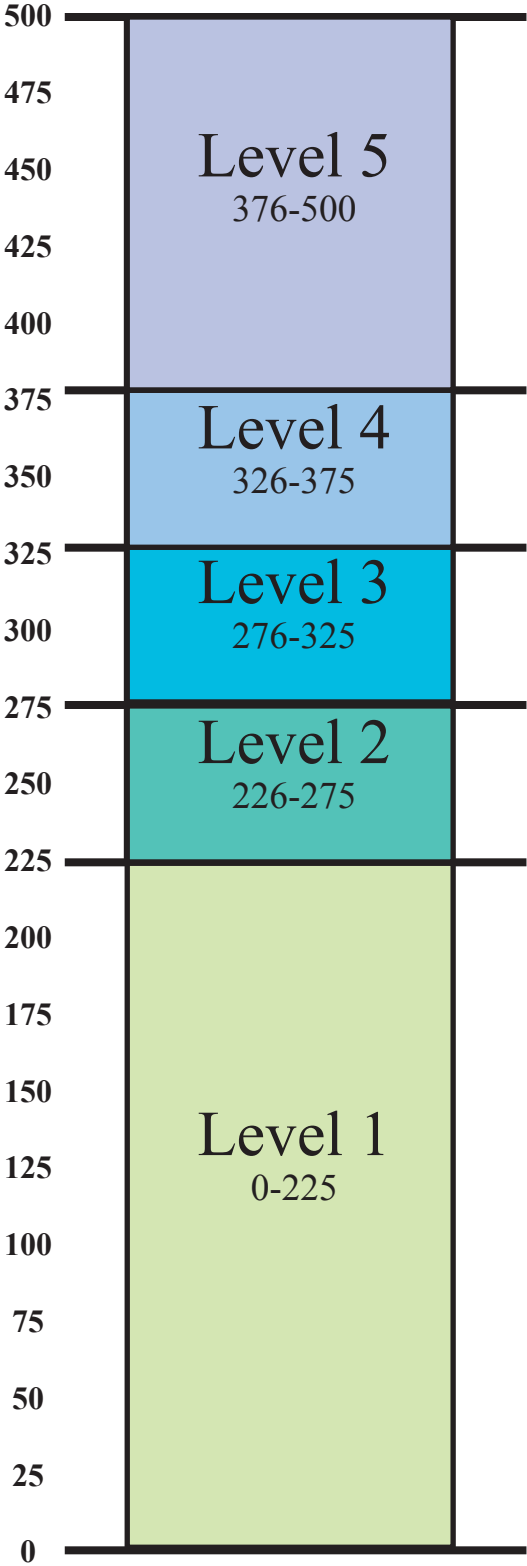
Thank you for your contribution to this evaluation!

| Appendix K

Complexity Levels Explained

Level	Reading	Document Use	Numeracy
Level 1 (0-225)	Most of the tasks in this level require the respondent to read relatively short text to locate a single piece of information which is identical to or synonymous with the information given in the question or directive. If plausible but incorrect information is present in the text, it tends not to be located near the correct information.	Tasks in this level tend to require the respondent either to locate a piece of information based on a literal match or to enter information from personal knowledge onto a document. Little, if any, distracting information is present.	Tasks in this level require the respondent to show an understanding of basic numerical ideas by completing simple tasks in concrete, familiar contexts where the mathematical content is explicit with little text. Tasks consist of simple, one-step operations such as counting, sorting dates, performing simple arithmetic operations or understanding common and simple percents such as 50%.
Level 2 (226-275)	Some tasks in this level require respondents to locate a single piece of information in the text; however, several distracters or plausible but incorrect pieces of information may be present, or low-level inferences may be required. Other tasks require the respondent to integrate two or more pieces of information or to compare and contrast easily identifiable information based on a criterion provided in the question or directive.	Tasks in this level are more varied than those in Level 1. Some require the respondents to match a single piece of information; however, several distracters may be present, or the match may require low-level inferences. Tasks in this level may also ask the respondent to cycle through information in a document or to integrate information from various parts of a document.	Tasks in this level are fairly simple and relate to identifying and understanding basic mathematical concepts embedded in a range of familiar contexts where the mathematical content is quite explicit and visual with few distracters. Tasks tend to include one-step or two-step processes and estimations involving whole numbers, benchmark percents and fractions, interpreting simple graphical or spatial representations, and performing simple measurements.
Level 3 (276-325)	Tasks in this level tend to require respondents to make literal or synonymous matches between the text and information given in the task, or to make matches that require low-level inferences. Other tasks ask respondents to integrate information from dense or lengthy text that contains no organizational aids such as headings. Respondents may also be asked to generate a response based on information that can be easily identified in the text. Distracting information is present, but is not located near the correct information.	Some tasks in this level require the respondent to integrate multiple pieces of information from one or more documents. Others ask respondents to cycle through rather complex tables or graphs which contain information that is irrelevant or inappropriate to the task.	Tasks in this level require the respondent to demonstrate understanding of mathematical information represented in a range of different forms, such as in numbers, symbols, maps, graphs, texts, and drawings. Skills required involve number and spatial sense, knowledge of mathematical patterns and relationships and the ability to interpret proportions, data and statistics embedded in relatively simple texts where there may be distracters. Tasks commonly involve undertaking a number of processes to solve problems.
Level 4 (326-375)	These tasks require respondents to perform multiple-feature matches and to integrate or synthesize information from complex or lengthy passages. More complex inferences are needed to perform successfully. Conditional information is frequently present in tasks at this level and must be taken into consideration by the respondent.	Tasks in this level, like those at the previous levels, ask respondents to perform multiple-feature matches, cycle through documents, and integrate information; however, they require a greater degree of inference. Many of these tasks require respondents to provide numerous responses but do not designate how many responses are needed. Conditional information is also present in the document tasks at this level and must be taken into account by the respondent.	Tasks at this level require respondents to understand a broad range of mathematical information of a more abstract nature represented in diverse ways, including texts of increasing complexity or in unfamiliar contexts. These tasks involve undertaking multiple steps to find solutions to problems and require more complex reasoning and interpretation skills, including comprehending and working with proportions and formulas or offering explanations for answers.
Level 5 (376-500)	Some tasks in this level require the respondent to search for information in dense text which contains a number of plausible distracters. Others ask respondents to make high-level inferences or use specialized background knowledge. Some tasks ask respondents to contrast complex information.	Tasks in this level require the respondent to search through complex displays that contain multiple distracters, to make high-level text-based inferences, and to use specialized knowledge.	Tasks in this level require respondents to understand complex representations and abstract and formal mathematical and statistical ideas, possibly embedded in complex texts. Respondents may have to integrate multiple types of mathematical information, draw inferences, or generate mathematical justification for answers

COMPLEXITY LEVELS



| Appendix L

TOWES Questionnaire



Questionnaire

The information on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act. The information collected will be used to better interpret your test results, for research, data and statistical analysis, as well as demographic and results reporting purposes.

To protect your privacy, all of the data collected by TOWES is related to the test booklet and not directly to you as an individual.

If you have any questions about how the information will be used, please contact TOWES at (403) 410-3200; towes@bowvalleycollege.ca

A1 Age 16 - 24 25 - 34 35 - 44
 45 - 54 55 - 64

A2 Gender Male Female

A3 Were you born in Canada?
 yes, Canadian citizen by birth. **||||▶ Go to question A5**
 no

A4 How many years have you lived in Canada? years

A5a What is the language you first learned at home in childhood and still understand?
(Mark only one unless two languages were learned at the same time)

- | | |
|-----------------------------------|----------------------------------|
| <input type="radio"/> English | <input type="radio"/> French |
| <input type="radio"/> Italian | <input type="radio"/> Chinese |
| <input type="radio"/> German | <input type="radio"/> Portuguese |
| <input type="radio"/> Polish | <input type="radio"/> Ukrainian |
| <input type="radio"/> Spanish | <input type="radio"/> Dutch |
| <input type="radio"/> Punjabi | <input type="radio"/> Greek |
| <input type="radio"/> Other _____ | |

A5b Do you consider yourself to be an Aboriginal, Métis or Inuit person?
 Yes No

Turn page for more questions



A6 During your lifetime, how many years of formal education have you completed, beginning with grade one and not counting repeated years at the same level?

--	--

 years

A7 What is the highest level of schooling that **you** have ever completed?

- less than high school
- high school
- trade or vocational certificate
- apprenticeship certificate
- CEGEP diploma or certificate
- non-university certificate or diploma from a school of nursing, technical institute, or other such educational institution.
- university transfer program
- university degree

A8 What is the highest level of schooling that **your mother** ever completed?

- less than high school
- high school
- more than high school

* The next two questions are about the job or business you have worked at **THE MOST** during the last two years.

A9 For what kind of business, industry or service did you work?
(e.g. construction, taxi business, manufacturing, retail sales, etc.)

A9 _____

A10 What kind of work did you do at this job?
(Give a job description or the job title; e.g office clerk, truck driver, machine operator, etc.)

A10 _____

Thank you for completing this questionnaire.